



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
ı	5

UNIFORM LIMITED OFFERING EXEMPTIO	N
Name of Offering ( check if this is an amendment and name has changed, and indicate change Consolidated Leasing Hugoton Joint Venture	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4	(6) DULGE PROCESSED
Type of Filing:   New Filing   Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	Since a great
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Consolidated Management Group, LLC	THOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
410 Urban Drive, Hutchinson, KS 67501	866-665-6306
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
·	
Energy Industry Equipment Leasing	
Energy Industry Equipment Leasing  Type of Business Organization	
D comparation   D limited partnership already formed	
□ business trust □ limited partnership, to be formed	O other (please specify):LLC
Month Year	
	☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for	or Close:
CN for Canada; FN for other foreign jurisdiction)	KISI
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulat 15 U.S.C. 77d(6).	•
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address give date on which it is due, on the date it was mailed by United States registered or certified mail to	ven below or, if received at that address after the
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually be photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only changes thereto, the information requested in Part C, and any material changes from the information the Appendix need not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE)	) for ealer of contrities in those states that have
adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to amount shall accompany this form. This notice shall be filed in the appropriate states in accordance to a part of this notice and must be completed.	e with the Securities Administrator in each state to the claim for the exemption, a fee in the proper
ATTENTION —	, , , , , , , , , , , , , , , , , , , ,
Failure to file notice in the appropriate states will not result in a loss of the federal the appropriate federal notice will not result in a loss of an available state of predicated on the filing of a federal notice.	n exemption. Conversely, failure to file exemption unless such exemption is

	A. BASIC IDEN	TIFICATION DATA	<del></del>	
2. Enter the information requested for the	<del>-</del>			
• Each promoter of the issuer, if the iss	<del>-</del>	-		
• Each beneficial owner having the power issuer;				• •
<ul> <li>Each executive officer and director of</li> <li>Each general and managing partner of</li> </ul>		orporate general and ma	naging partners	of partnership issuers; and
Check Box(es) that Apply: 🔲 Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
Nunns, Lloyd		Co-manager		Managing Partner
Full Name (Last name first, if individual)	1/0 07504			
410 Urban Drive, Hutchinso				
Business or Residence Address (Number	er and Street, City, State, Z	Cip Code)		
Check Box(es) that Apply:  Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Hembree, Fred		Co-manager		Managing Partner
Full Name (Last name first, if individual)				
410 Urban Drive, Hutchinso				
Business or Residence Address (Numb	er and Street, City, State, 2	Cip Code)		
Check Box(es) that Apply:	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State, 2	Zip Code)	· · · · · · · · · · · · · · · · · · ·	
Check Box(cs) that Apply:	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State, 2	Zíp Code)		
Check Box(es) that Apply: Promote	r 🔲 Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		-		
Business or Residence Address (Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: Promote	r 🔲 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Lust name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State, 2	Zip Code)	<u></u>	
Check Box(es) that Apply: Promote	r Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		·····		
Business or Residence Address (Numb	per and Street, City, State,	Zip Code)		
(Use blan	k sheet, or copy and use a	dditional copies of this sl	neet, as necessa	ry.)

				B. IN	FORMATI	ON ABOU	T OFFERI	NG					_
i Hasif	ne issuer so	ld, or does	the issuer i	intend to se	ell to non-	accredited i	nvectors in	this offeri	na?		-	Yes	No
1. (143 11	10 133001 30	10, 01 0003		inswer also					-		· · · · · · · · · · · · · · · · · · ·	. 🗆	₩3
2. What	is the mini	mum invest					-					. \$5.0	ากก
												Vec	No No
		g permit joi										. 🔯	
simila associ dealer	r remunerat ated person . If more th	ation requestion for solid or agent of an five (5) p r dealer on	citation of p a broker of ersons to b	ourchasers i r dealer reg	n connectio istered with	n with sales the SEC at	s of securition and/or with a	es in the off a state or st	fering. If a pates, list the	erson to be name of th	listed is ar	n r	
Full Name (I	ast name	first, if indiv	vidual)										
Mid We	stern N	latural G	Sas										
Business or 1	Residence A	Address (N	umber and	Street, Cin	. State, Zin	Code)							
		w Ave. #					;						
Name of Ass	sociated Bro	oker or Dea	aler						<del></del>		· · · · · · · · · · · · · · · · · · ·		
States in Wh													
(Check "	'All States"	or check in	idividual St	tates)			••••••	•••••••				🗆 All S	tates
[AL]X	{AK}X	$\{AZ\}X$	[AR <b>X</b>	[CA]X	[CO]X	(CT)X	[DE]X	[DC]X	{FL}X	[GA]X	[HI] <b>X</b>	[1D]	X
(IT)X	[1N]	(IA <b>)</b> X	[KS]	[KY]X	[LA]X	[ME]X	(MD)X	[MA]	(MI <b>X</b>	[MN]X	[MS] <b>X</b>	(MO	]
$[MT]_X$	[NE]X	X[VN]	[HM]	[KN]X	X[MN]	[NY]X	[NC] X	[ND]	X[HO]	[0K] <b>X</b>	[OR]X	[PA]	
[RIX	[SC]X	[SD]	X(NT)	X[XT]	[UT]X	[VT]X	[VA]X	[WA]X	[WV]X	[WI]	X(YW)	[PR]	IX
Full Name (	Last name	first, if indi	vidual)										
Bita, In-	C.												
Business or	Residence .	Address (N	umber and	Street, Cit	y, State, Zi	p Code)							
1839 S	outhwe:	st 81st	Terrace	, Davie.	, FL 33	324							
Name of Ass	sociated Br	oker or De	aler		<del></del>						<del></del>		
Carron in 11/1	ich Disses	1 land The	Caliaina		o Callais D								·
States in Wh						orchasers						m . v c	
•		os check is				LOTE	17575.	1007.	(T) )	IC A 3.4			
[IL <b>]</b> X	(INI)	[AZ]X	(AR)X	[CA]X	[CO <b>X</b>	[CT]X	[DE]X	[DC]X	[FL]X	[GA]X	X(IH)	[1D]	
(MT)X	(IN)	[[A]] <b>X</b> [[VV]]	(KS] [NH]	[Ы] <b>X</b> [КД <b>)</b> К	(LA) <b>X</b> (NM) <b>X</b>	[MA]X [WE]X .	(MD)X	[MA] [DN]	<b>X</b> [114] <b>X</b> [HO]	(MN) <b>X</b> [OK] <b>X</b>	X[SM] X[RO]	(MO [PA]	-
(RI)X	(NE)X	(SD)	(1111) <b>X</b> (MT)	(XT)		[VT]X	[VA]X	[WA] <b>X</b>	[//./.]X	[WI]	X(YW)	(PR	-
Full Name (				(111) //	(0.1 <b>X</b>	<u> </u>	[N	(, 1)X	(***)X	,	()		<u>'</u>
Venture	Resou	irce Gro	up										
Business or				Street, Cit	y, State, Zi	p Code)							
		. #202,			•	,							
Name of As													
Haine of As	socialed Di	OKEI OI DE	aic:										
States in WI	nich Person	Listed Has	Solicited (	or Intends	to Solicit P	urchasers	····				<del></del>		
(Check '	'All States"	or check i	ndividual S	tates)			,					□ All S	State
[AL <b>X</b>	[AK]X	[AZ]X	[AR <b>]X</b>	[ĆA]X	(CO)X	[CT] <b>X</b>	[DE]X	[DC]X	(FL)X	[GA]X	(H1) <b>X</b>	[ID]	
[IL]X	(IN)	[lA]X	[KS]	[KY]X	[LA] X	[ME]X	[MD]X	[MA]	X[114]	[MM]X	[MS]X	[MO	
$X^{[TM]}$	[NE]X	$[NV]_X$	[NH]	[NJ] X	<b>[</b> MM <b>]</b>	$X^{[YN]}$	[NC]X	[ND]	(OH) X	[OK] <b>X</b>	(OR)X	[PA	}
[RI] <b>X</b>	[SC]X	[SD]	$\chi^{[NT]}$	$\chi^{[XT]}$	(UT) <sub>X</sub>	[VT]X	[VA]X	[WA <b>]X</b>	$\{WV\}X$	[WI]	X <sup>{YW</sup> }	[PR	λ_

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	s4,900,000	s 490,250
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	Number Investors 13	Aggregate Dollar Amount of Purchases s 490,250
		^	·
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this fiting is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Tot21		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transier Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately) includes additional expenses of		s 2,450,000
	Other Expenses (identify)	0	2
	Total	О	,

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

total to the lindicof the the l set f	Enter the difference between the aggregate offering expenses furnished in response to Part C - Question is issuer."  cate below the amount of the adjusted gross proceed be purposes shown. If the amount for any purpose is neft of the estimate. The total of the payments listed north in response to Part C - Question 4.b above.	4.a. This difference is the "adjusted gross proceeds s to the issuer used or proposed to be used for each to known, furnish an estimate and check the box to	Payments to	s 2,450,000
of the least of	e purposes shown. If the amount for any purpose is n eft of the estimate. The total of the payments listed n	ot known, furnish an estimate and check the box to	Payments to	
			Payments to	
			Officers, Directors, & Affiliates	Payments To Others
•	Salaries and fees	·	□ \$	. 🗆 \$
1	Purchase of real estate		□ \$	. 🗆 \$
	Purchase, rental or leasing and installation of maci	hinery and equipment	□ \$	
4	Construction or leasing of plant buildings and facil	lities	□ \$	. 🗆 \$
		e of securities involved in this offering that may be other issuer pursuant to a merger)	O \$	
	Repayment of indebtedness			
	Working capital	joint venture for a equipment leasin	□ \$	
	Column Totals		□ \$	\$2,450,0 \$2,450,0 ,450,000
		D. FEDERAL SIGNATURE		
signatu	re constitutes an undertaking by the issuer to furni	undersigned duly authorized person. If this notice is sh to the U.S. Securities and Exchange Commission, investor pursuant to paragraph (b)(2) of Rule 502.		
Issuer	(Print or Type)	Signature	Date	
Cons	solidated Management Group, LLG	Hand runns	6-	29-05
Name	of Signer (Print or Type)	Title of Signer (Print or Type)		
Lloye	d F. Nunns	Co-Manager		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 presentles	y subject to any of the disqualification provisions of s	Yes No
Sec Appe	ndix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to furni (17 CFR 239.500) at such times as required by sta	sh to any state administrator of any state in which this ate law.	notice is filed, a notice on Form D
<ol><li>The undersigned issuer hereby undertakes to furnition offerees.</li></ol>	sh to the state administrators, upon written request, inf	formation furnished by the issuer to
	is familiar with the conditions that must be satisfied to this notice is filed and understands that the issuer claiming have been satisfied.	
The issuer has read this notification and knows the content authorized person.	s to be true and has duly caused this notice to be signed o	on its behalf by the undersigned duly
Issuer (Print or Type)	Signature	Date
Consolidated Management Group, LLC	Though Junes	6-29-05
Name (Print or Type)	Title (Print or Type)	
Lloyd F. Nunns	Co-Manager	

Lloyd F. Nunns

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1		2	3			4			5		
	Intend	l to sell	Type of security and aggregate					Disqualification under State ULOE (if yes, attach			
	to non-a	ccredited	offering price		Type of i	investor and			ation of		
		s in State	offered in state		amount purchased in State			waiver	waiver granted)		
	(Part B	-Item 1)	(Part C-Item 1)	)	(Part (	C-Item 2)		(Part E	(Part E-Item 1)		
State	Yes	No	Equipment interests \$4,500,000	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL								}			
АK											
ΑZ											
AR											
CA		Х		5	184,000	0	0		Х		
со											
СТ											
DE											
DC											
FL											
GA											
Н											
ID											
1L											
IN		Х		1	49,000	0	0		Х		
łA											
KS											
КУ											
LA											
ME											
MD		ļ		·	<u> </u>				-		
MA								-			
MI		-						<u> </u>	ļ		
NIN		X		1	49,000	0	0		×		
MS		-						ļ			
МО								1			

## APPENDIX

1		2	3			4		1	5
	to non-a investors	to sell ccredited in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)						ification tte ULOE tattach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
KN KN									
NM									
NY		Х		1	24,500	0	0		×
NC		Х		1	49,000	0	0		×
ND									
ОН		Х		1	24,500	0	0		X
ОК									
OR		Х		1	45,000	0	0		X
PA									
RI									
SC									
SD					•				
TN		Х		1	49,000	0	0		X
TX									
UT									
VT									
VA									
WA		Х		2	61,250	0		X	
WV						·			
WI									
WY									
PR									